

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/762050

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1		1			
16		1				
17		1				
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29	1		1			
30	1		1			
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32	1		1			
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47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			24			
TOTAL CLAIMS			32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						